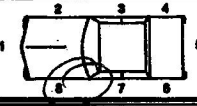
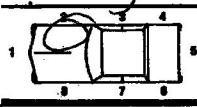


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-21411		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.					
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 11/18/16		TIME: MILITARY 2112							
CRASH OCCURRED ON 1144 Deerfield Rd, Leb, OH				WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION ____ MILES ____ FEET W ____ S ____ E ____ OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)												CITY CODE					
LOG-1		LOG-2		LOC		JUR		FH9		FILT							
A UNIT NO. 1		NO OF OCCUPANTS 6		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Allstate					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Noe, Lor:				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 308 Numer Rd, Mainville, OH, 45039													
PHONE NO. 513-760-3736		BIRTH DATE 8/18/89		AGE 27		SEX F		SOCIAL SECURITY NO. N/A		STATE OH		DRIVER'S LICENSE NO. SK061042		OCCUPATION N/A			
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same									
VEH YR 2013		MAKE Honda		MODEL 45		COLOR B/K		STYLE 45		STATE OH		LICENSE PLATE NO. EKK6722		TOWING SERVICE N/A		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT None					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Walters, Samic				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1144 Deerfield Rd, Apt B, Leb, OH, 45036													
PHONE NO. 513-850-3341		BIRTH DATE 10/28/73		AGE 43		SEX F		SOCIAL SECURITY NO. N/A		STATE OH		DRIVER'S LICENSE NO. 25433853		OCCUPATION N/A			
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same									
VEH YR 2001		MAKE Chry		MODEL 45		COLOR B/K		STYLE 45		STATE OH		LICENSE PLATE NO. GT45537		TOWING SERVICE N/A		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   d   y		AGE		POSITION A B C D E F				INJURIES A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   d   y		AGE		SEX				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   d   y		AGE		SEX				CONDITION A B C D E F			
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   d   y		AGE		SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
A B C		INJURED TAKEN TO				By				A B C D E F				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
D E F		INJURED TAKEN TO				By				A B C D E F				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
A B C		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
D E F		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				EJECTION A B C D E F			
A B C		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				DRUGS A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
D E F		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
RECEIVED CALL 2112		DISPATCHED 2115		ARRIVED 2119		CLEARED 2131		OTHER TIME 0000		TOTAL MINUTES 0012		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					
DATE REPORT FILED 11/18/16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Eva Holmer		BADGE NO. 122		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG							